



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Eckart et al.
 Serial No.: 09/549,782
 Filing Date: April 14, 2000
 Confirmation No.: 8961

Examiner: Timothy L. Lee
 Art Unit: 2662
 Our File No.: 00100.00.0730
 Docket No.: 0100.0000730

Title: **METHOD AND APPARATUS FOR MULTIPLEXING DATA STREAMS**

Mail Stop Non-Fee Amendment
 Commissioner for Patents
 P. O. Box 1450
 Alexandria, VA 22313-1450

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June 10, 2004
 Date

Timothy J. Bechen

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JUN 21 2004

Technology Center 2600

RESPONSE

Dear Sir:

In response to the Office Action mailed March 10, 2004, for the above-identified patent application.

Amendments to the Specification begin on Page 2.

Remarks begin on Page 3.



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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/549,782
	Filing Date	4/14/00 JUN 21 2004
	First Named Inventor	Stefan Eckart
	Art Unit	2662 Technology Center 2600
	Examiner Name	Timothy L. Lee
Total Number of Pages in This Submission	Attorney Docket Number	00100.00.0730

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Return postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Timothy J. Bechen Reg. No. 48,126
Signature	
Date	6/10/04

CERTIFICATE OF TRANSMISSION/MAILING	
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Date	6/10/04

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